

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>09/856513</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/		/		
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/		/			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
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17		/		/			67						
18		/		/			68						
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23		/		/			73						
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25		/		/			75						
26		/		/			76						
27	/		/				77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
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35		/		/			85						
36		/		/			86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/		/			96						
47		/		/			97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	50						TOTAL DEP.						
TOTAL CLAIMS	52						TOTAL CLAIMS						